

1. BDA Cymru Wales is pleased to provide a response to the consultation on the proposed Autism (Wales) Bill, by Paul Davies AM.

2. The British Dental Association (BDA) is the voice of dentists and dental students in the UK. We bring dentists together, support our members through advice, support and education, and represent their interests. As the trade union and professional body, we represent all fields of dentistry including general practice, community dental services, the armed forces, hospitals, academia, public health and research.

3. Do you believe Wales should have legislation requiring the Welsh Government to publish a national autism strategy for children and adults and issue guidance to local authorities and NHS bodies on implementing the strategy?

BDA Wales does believe that Wales should have legislation requiring the Welsh Government to publish a national autism strategy for children and adults and issue guidance to local authorities and NHS bodies on implementing the strategy. It is vital that this legislation is created with an understanding of NHS bodies and their interactions with children and adults with autism. Welsh Community Dentists see many patients that are autistic and would be happy to discuss any guidance.

4. Do you have any views on how Welsh Government should monitor what progress is being made and how public services should be held accountable for how they support autistic people and their families?

BDA Wales stresses that the oral health of children and adults with autism is paramount. They often struggle to cope with dentistry in the General Dental Practice environment and thus are referred into the Community Dental Service, and to a lesser extent the Hospital Dental Service.

Studies show primary school aged children with poor oral health are more likely to have problems at school, fail to complete all required homework, and miss 1 day of school a year more than children with good oral health¹. This can be even more compounded when these children may be unable to communicate their pain to their parents/carers.

Thus, the importance of a good healthy diet, preventive oral care, and regular dental visits needs to be highlighted from an early stage. Children with autism are more likely to have feeding problems and eat a narrower range of foods². A healthy diet is greatly important to both oral and overall health. This is even more vital for patient-centred care as it helps develop a strong relationship between patients, their parents/careers and the whole dental team. Thus, patients with autism should have access to these specialist dental services and have a satisfactory experience of dental care.

Children with autism also often take medication which cause dry mouth, which makes them more susceptible to decay². Some medications and supplements also contain sugar so it is important for parents to know that they can request a sugar free alternative².

Furthermore, the oral care of adults with autism, whether living at home or in assisted-living should not be forgotten. Again, this group of patients usually have their dental needs met within the Community Dental Service. They often require sedation or general anaesthesia to aid in the delivery of their dental treatment and may be reliant on others for their day-to-day oral health care and provision of a healthy diet.

Overall, within the proposed Autism Bill, the BDA would like to see proposals of how the Welsh Government can work with Health Boards, Social Services, and care providers to ensure that the oral health of children and adults with autism is not forgotten and that appropriate care treatment pathways and preventive schemes are created and funding is provided to support them. This is in keeping with recent NICE guidelines and quality of life statements for people with autism:

Statement 2. People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems. (3)

On average, people with a learning disability have worse health than people without a learning disability. This is true for both physical health and mental health (4). A significant proportion of the differences in health between people with a learning disability and the general population cannot be explained by an underlying condition and are to do with the way people with a learning disability are treated by health, mental health and social care services, as well as lifestyle factors (5) (6). We believe that good oral health should be a key health quality standard for those with autism.

References

- 1) Guarnizo-Herreno CC; Wehby GL. (2012). Children's dental health, school performance, and psychosocial well-being. *Journal of Paediatrics*. 161 (6), p1153-1159.
- 2) British Society of Paediatric Dentistry. Advice for Parents of Children with Autism. p 3-11.
- 3) Autism – Quality standard Published: 21 January 2014 nice.org.uk/guidance/qs51
<https://www.nice.org.uk/guidance/qs51/resources/autism-2098722137029>
- 4) Emerson, E., Baines, S., Allerton, L., & Welch, V. (2011) *Health Inequalities and People with Learning Disabilities in the UK : 2011*.
- 5) Emerson, E., and Baines, S. (2010) *Health Inequalities and People with Learning Disabilities in the UK : 2010*.
- 6) Holly, D. and Sharp, J. (2014) 'Addressing health inequities: coronary heart disease training within learning disabilities services,' *British Journal of Learning Disabilities*, 42(2): 110-116.